McLaren Business Products

McLaren Print System Order

Order No: 73616 Reprint Previous Order No: 6293
Order Date: 2022-11-14
User: STEPHANIE BENDER
Phone: 12314877441

Ship Location: Gaylord Family Practice
1320 M-32 East
Gaylord, MI 49735
Forms
Quantity: 500
Paragon Dept No: 50684
Dept Name: Gaylord Family Practice
Company Number: 810

Order Total Price: 0.00

Item Number: 17418
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)
Revision Date: 4/28/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN HEALTHCARE
Authorization to Release Information

I authorize ____ to release to: ____

Specific type of information to be disclosed: Date(s) of Service: ____

Sensitive information to be disclosed: Date(s) of Service: ____

☐ Consent to release Entire Medical Record, for dates of service listed, including all information noted above:

Date(s) of Service: ____

Please continue to the otherside of this form for Acknowledgements and signatures.